

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
PENNSYLVANIA 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Pennsylvania Data Comments

Enrollment: Fluctuations in numbers of adults and children across months were noted, but Pennsylvania provided no explanations for the uneven reporting. Since services provided during months where no enrollment was reported were excluded, these tables may understate utilization and expenditures for adults and children.

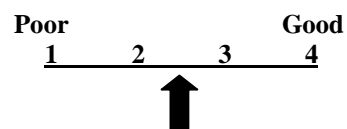
Diagnosis Codes: Diagnosis coding on claims was relatively complete, except that state-specific codes were used on claims for EPSDT screenings for children; this anomaly is unlikely to have a significant impact on MH identification.

Managed Care Enrollment: During 1999, managed behavioral health plans were phased in by county so utilization of services for mental health care reported in these tables reflects differing and often partial annual use.

Other Health Insurance: Pennsylvania reported a high proportion (up to 18 percent) of enrollees with other health insurance. If Medicaid was not the primary payer for these individuals, their Medicaid service utilization may represent an incomplete view of their total usage.

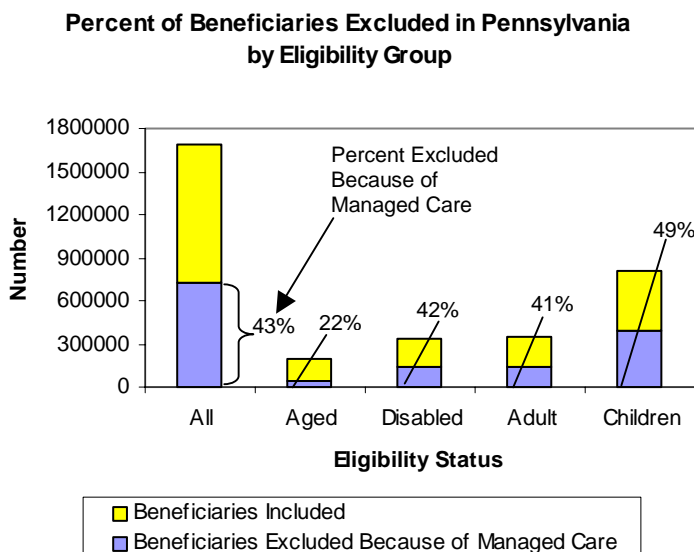
Inpatient Days: Pennsylvania’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “1” day in length, and explains the other low numbers that appear for some groups on Table 4.

PENNSYLVANIA DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Pennsylvania's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
PENNSYLVANIA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	1,694,804	100%	970,366	57%	\$6,086,244,161	100%	\$3,489,477,099	57%
Age								
0-3	207,057	12%	106,821	52%	\$305,182,894	5%	\$115,204,371	38%
4-5	96,612	6%	47,015	49%	\$129,092,103	2%	\$29,027,263	22%
6-12	315,745	19%	149,600	47%	\$543,252,481	9%	\$155,918,360	29%
13-18	199,649	12%	109,853	55%	\$432,927,296	7%	\$168,201,216	39%
19-21	85,283	5%	55,238	65%	\$207,111,689	3%	\$80,593,649	39%
22-44	405,068	24%	237,109	59%	\$1,254,928,018	21%	\$496,455,734	40%
45-64	184,042	11%	107,485	58%	\$1,055,665,767	17%	\$559,228,060	53%
65 and older	201,346	12%	157,244	78%	\$2,158,072,983	35%	\$1,884,848,068	87%
Gender								
Female	1,017,532	60%	586,912	58%	\$3,803,320,903	62%	\$2,271,375,722	60%
Male	677,272	40%	383,454	57%	\$2,282,923,258	38%	\$1,218,101,377	53%
Race								
White	1,009,296	60%	718,541	71%	\$4,054,595,393	67%	\$2,893,730,990	71%
Black	489,797	29%	160,616	33%	\$1,510,802,914	25%	\$430,544,957	29%
Hispanic	140,929	8%	64,266	46%	\$340,133,605	6%	\$93,068,065	27%
American Indian/Alaskan Native	1,602	0%	1,070	67%	\$4,769,118	0%	\$2,822,434	59%
Asian/Pacific Islander	30,796	2%	11,482	37%	\$78,485,431	1%	\$14,759,103	19%
Other/Unknown	22,384	1%	14,391	64%	\$97,457,700	2%	\$54,551,550	56%
Dual Status								
Aged Duals with Full Medicaid	164,922	10%	125,895	76%	\$2,023,669,068	33%	\$1,783,338,423	88%
Disabled Duals with Full Medicaid	90,603	5%	55,903	62%	\$638,530,591	10%	\$385,691,014	60%
Duals with Limited Medicaid	31,934	2%	31,287	98%	\$38,207,729	1%	\$34,929,836	91%
Other Duals	2,944	0%	1,926	65%	\$6,469,509	0%	\$2,688,628	42%
Disabled Non-Duals	239,706	14%	133,449	56%	\$1,592,520,387	26%	\$707,942,444	44%
All Other Non-Duals	1,164,695	69%	621,906	53%	\$1,786,846,877	29%	\$574,886,754	32%
Eligibility Group								
Aged	200,993	12%	157,027	78%	\$2,160,632,491	36%	\$1,886,342,122	87%
Disabled	339,960	20%	198,469	58%	\$2,243,470,831	37%	\$1,103,191,377	49%
Adults	350,258	21%	206,070	59%	\$561,517,745	9%	\$164,233,478	29%
Children	803,593	47%	408,800	51%	\$1,120,623,094	18%	\$335,710,122	30%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
PENNSYLVANIA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	970,366	95,771	10%	\$3,489,477,099	\$743,716,947	21%
Age						
0-3	106,821	805	1%	\$115,204,371	\$4,836,113	4%
4-5	47,015	2,042	4%	\$29,027,263	\$9,858,578	34%
6-12	149,600	16,729	11%	\$155,918,360	\$100,527,562	64%
13-18	109,853	16,968	15%	\$168,201,216	\$117,975,340	70%
19-21	55,238	4,730	9%	\$80,593,649	\$28,354,476	35%
22-44	237,109	28,731	12%	\$496,455,734	\$145,590,599	29%
45-64	107,485	17,033	16%	\$559,228,060	\$132,795,578	24%
65 and Older	157,244	8,733	6%	\$1,884,848,068	\$203,778,701	11%
Gender						
Female	586,912	50,774	9%	\$2,271,375,722	\$402,318,471	18%
Male	383,454	44,997	12%	\$1,218,101,377	\$341,398,476	28%
Race						
White	718,541	78,786	11%	\$2,893,730,990	\$604,288,415	21%
Black	160,616	10,610	7%	\$430,544,957	\$96,420,858	22%
Hispanic	64,266	5,056	8%	\$93,068,065	\$31,147,635	33%
American Indian/Alaskan Native	1,070	116	11%	\$2,822,434	\$751,815	27%
Asian/Pacific Islander	11,482	278	2%	\$14,759,103	\$1,719,602	12%
Other/Unknown	14,391	925	6%	\$54,551,550	\$9,388,622	17%
Dual Status						
Aged Duals with Full Medicaid	125,895	8,119	6%	\$1,783,338,423	\$187,658,425	11%
Disabled Duals with Full Medicaid	55,903	12,303	22%	\$385,691,014	\$70,323,261	18%
Duals with Limited Medicaid	31,287	464	1%	\$34,929,836	\$3,755,431	11%
Other Duals	1,926	263	14%	\$2,688,628	\$1,404,530	52%
Disabled Non-Duals	133,449	31,289	23%	\$707,942,444	\$277,811,193	39%
All Other Non-Duals	621,906	43,333	7%	\$574,886,754	\$202,764,107	35%
Eligibility Group						
Aged	157,027	8,759	6%	\$1,886,342,122	\$204,312,871	11%
Disabled	198,469	43,907	22%	\$1,103,191,377	\$349,287,067	32%
Adults	206,070	13,436	7%	\$164,233,478	\$42,711,426	26%
Children	408,800	29,669	7%	\$335,710,122	\$147,405,583	44%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
PENNSYLVANIA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	12,931	14%	549	1%	10,281	22%	2,101	24%
Major depression and affective psychoses	19,243	20%	4,115	10%	13,556	30%	1,572	18%
Other psychoses	3,123	3%	306	1%	1,367	3%	1,450	17%
Childhood psychoses	1,548	2%	1,351	3%	182	0%	15	0%
Neurotic & other depressive disorders	19,833	21%	4,831	12%	13,016	28%	1,986	23%
Personality disorders	683	1%	119	0%	498	1%	66	1%
Other mental disorders	1,802	2%	253	1%	551	1%	998	11%
Special symptoms or syndromes	1,894	2%	969	2%	838	2%	87	1%
Stress & adjustment reactions	12,834	13%	8,144	20%	4,339	9%	351	4%
Conduct disorders	5,242	5%	4,332	11%	831	2%	79	1%
Emotional disturbances	4,666	5%	4,603	11%	60	0%	3	0%
Hyperkinetic syndrome	11,932	12%	11,683	28%	244	1%	5	0%
No Diagnosis	40	0%	19	0%	1	0%	20	0%
Total	95,771	100%	41,274	100%	45,764	100%	8,733	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
PENNSYLVANIA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	1	14	3	7	3	1%	11	50	16%	9
	4-5	5	14	8	12	13	2%	12	18	3%	4
	6-12	181	41	120	15	279	5%	33	99	2%	5
	13-18	620	71	584	12	1,110	17%	46	401	6%	4
	19-21	171	46	454	9	580	23%	20	518	20%	4
	22-44	0	0	2,397	8	2,397	13%	8	2,653	15%	5
	45-64	0	0	1,100	10	1,100	10%	10	1,823	17%	8
	65+	347	233	392	2	722	11%	113	1,254	19%	1
All Ages	1,325	106	5,058	9	6,204	12%	30	6,816	13%	5	
Male	0-3	2	13	1	7	3	1%	11	87	18%	11
	4-5	19	16	11	20	28	2%	19	47	3%	5
	6-12	593	44	320	14	847	7%	36	206	2%	4
	13-18	870	89	573	11	1,327	13%	63	232	2%	5
	19-21	271	52	495	8	715	33%	25	190	9%	9
	22-44	1	240	1,943	8	1,944	18%	8	1,139	10%	8
	45-64	0	0	765	9	765	13%	9	1,057	17%	9
	65+	198	230	125	2	320	15%	143	429	21%	2
All Ages	1,954	84	4,233	9	5,949	13%	34	3,387	8%	7	
Total	0-3	3	13	4	7	6	1%	11	137	17%	10
	4-5	24	15	19	16	41	2%	17	65	3%	5
	6-12	774	43	440	15	1,126	7%	35	305	2%	5
	13-18	1,490	82	1,157	11	2,437	14%	55	633	4%	4
	19-21	442	50	949	9	1,295	27%	23	708	15%	5
	22-44	1	240	4,340	8	4,341	15%	8	3,792	13%	6
	45-64	0	0	1,865	9	1,865	11%	9	2,880	17%	9
	65+	545	232	517	2	1,042	12%	122	1,683	19%	1
All Ages	3,279	93	9,291	9	12,153	13%	32	10,203	11%	6	

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
PENNSYLVANIA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	153	49%	0.14	2.07	2.22	11,284	22%	1.72
	4-5	204	30%	0.08	1.67	1.75	3,240	15%	1.49
	6-12	1,420	27%	0.19	1.55	1.74	7,913	12%	1.47
	13-18	2,701	41%	0.38	1.89	2.27	6,946	15%	1.76
	19-21	1,464	58%	0.48	2.73	3.20	8,444	25%	2.07
	22-44	8,880	50%	0.42	2.66	3.09	25,118	16%	2.04
	45-64	4,681	43%	0.38	2.49	2.87	10,142	19%	2.07
	65+	1,635	25%	0.37	1.49	1.86	11,206	10%	1.50
	All Ages	21,138	42%	0.39	2.35	2.74	84,293	16%	1.84
Male	0-3	215	44%	0.13	1.98	2.11	13,099	24%	1.79
	4-5	470	34%	0.09	1.77	1.85	3,694	16%	1.54
	6-12	3,247	28%	0.20	1.45	1.65	8,460	13%	1.45
	13-18	3,257	31%	0.34	1.55	1.89	5,995	13%	1.52
	19-21	952	44%	0.67	1.80	2.47	2,825	17%	1.64
	22-44	4,590	42%	0.70	2.15	2.86	8,373	15%	1.98
	45-64	2,401	39%	0.50	2.24	2.74	7,228	19%	2.10
	65+	541	26%	0.35	1.63	1.98	3,898	10%	1.59
	All Ages	15,673	35%	0.45	1.84	2.29	53,573	16%	1.74
Total	0-3	368	46%	0.13	2.02	2.15	24,383	23%	1.76
	4-5	674	33%	0.09	1.74	1.82	6,934	15%	1.52
	6-12	4,667	28%	0.20	1.48	1.68	16,373	12%	1.46
	13-18	5,958	35%	0.36	1.70	2.06	12,941	14%	1.65
	19-21	2,416	51%	0.55	2.36	2.91	11,269	22%	1.97
	22-44	13,470	47%	0.52	2.49	3.01	33,491	16%	2.02
	45-64	7,082	42%	0.42	2.41	2.83	17,370	19%	2.08
	65+	2,176	25%	0.37	1.52	1.89	15,104	10%	1.53
	All Ages	36,811	38%	0.42	2.13	2.55	137,866	16%	1.80

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
PENNSYLVANIA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	2,759	3%	130	16%	2,629	2%
4-5	2,060	4%	701	34%	1,359	3%
6-12	15,557	10%	10,273	61%	5,284	4%
13-18	13,427	12%	9,133	54%	4,294	5%
19-21	5,183	9%	2,723	58%	2,460	5%
22-44	45,027	19%	22,422	78%	22,605	11%
45-64	41,247	38%	15,110	89%	26,137	29%
65+	62,473	40%	6,857	79%	55,616	37%
All Ages	187,734	19%	67,349	70%	120,385	14%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
PENNSYLVANIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	549	40%	56%	19%	7%	10%	46%	8%
Major depression and affective psychoses	4,115	55%	29%	15%	10%	11%	37%	14%
Other psychoses	306	32%	54%	15%	4%	11%	39%	12%
Childhood psychoses	1,351	19%	24%	14%	2%	18%	22%	28%
Neurotic & other depressive disorders	4,831	43%	10%	15%	2%	11%	21%	27%
Personality disorders	119	28%	18%	13%	9%	9%	19%	30%
Other mental disorders	253	15%	11%	17%	2%	4%	12%	47%
Special symptoms or syndromes	969	19%	10%	9%	0%	7%	11%	53%
Stress & adjustment reactions	8,144	20%	7%	8%	1%	14%	12%	41%
Conduct disorders	4,332	21%	16%	9%	2%	17%	19%	32%
Emotional disturbances	4,603	24%	14%	8%	2%	25%	21%	33%
Hyperkinetic syndrome	11,683	22%	13%	8%	2%	72%	28%	10%
No Diagnosis	19	32%	21%	32%	0%	11%	21%	0%
Total	41,274	28%	15%	10%	3%	31%	23%	44%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
PENNSYLVANIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	10,281	48%	89%	38%	11%	1%	64%	2%
Major depression and affective psychoses	13,556	73%	40%	50%	12%	2%	63%	5%
Other psychoses	1,367	43%	68%	38%	6%	1%	53%	7%
Childhood psychoses	182	43%	64%	42%	8%	1%	57%	9%
Neurotic & other depressive disorders	13,016	65%	16%	52%	2%	1%	46%	9%
Personality disorders	498	59%	44%	45%	5%	1%	55%	12%
Other mental disorders	551	37%	28%	41%	4%	1%	35%	23%
Special symptoms or syndromes	838	44%	15%	36%	1%	1%	29%	28%
Stress & adjustment reactions	4,339	53%	20%	39%	2%	1%	39%	19%
Conduct disorders	831	46%	53%	41%	7%	1%	50%	14%
Emotional disturbances	60	50%	37%	28%	5%	2%	40%	22%
Hyperkinetic syndrome	244	45%	20%	24%	3%	42%	43%	11%
No Diagnosis	1	100%	100%	100%	0%	0%	100%	0%
Total	45,764	60%	43%	46%	7%	1%	54%	18%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
PENNSYLVANIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	2,101	34%	74%	36%	6%	0%	51%	4%
Major depression and affective psychoses	1,572	74%	52%	53%	10%	2%	68%	5%
Other psychoses	1,450	41%	44%	36%	1%	1%	39%	25%
Childhood psychoses	15	33%	67%	47%	7%	0%	53%	20%
Neurotic & other depressive disorders	1,986	64%	31%	56%	1%	2%	52%	10%
Personality disorders	66	35%	50%	36%	6%	0%	45%	26%
Other mental disorders	998	29%	31%	31%	1%	1%	28%	37%
Special symptoms or syndromes	87	63%	40%	67%	0%	0%	63%	13%
Stress & adjustment reactions	351	55%	34%	43%	1%	1%	44%	17%
Conduct disorders	79	39%	67%	58%	1%	0%	56%	14%
Emotional disturbances	3	33%	0%	67%	0%	0%	33%	33%
Hyperkinetic syndrome	5	20%	0%	20%	0%	20%	20%	40%
No Diagnosis	20	65%	80%	80%	0%	0%	85%	0%
Total	8,733	50%	48%	44%	4%	1%	50%	21%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).